

ATTACHMENT 3

Allowable Procedure Codes for Outpatient Speech and Language Pathology Services

(Effective for Dates of Service on and After March 1, 2006)

Procedure Code	Description	Billing Limitations	Additional Conditions	Copayment	Maximum Allowable Fee
31575	Laryngoscopy, flexible fiberoptic; diagnostic		Use this code if speech-language pathologist actually inserts a laryngoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610, as appropriate. For treatment, use 92507 or 92526, as appropriate. This service is to be performed according to the American Speech-Language-Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.	\$3	\$74.51
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy		Use this code if speech-language pathologist actually inserts a laryngoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610 as appropriate. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.	\$3	\$119.62
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	Cannot use on the same date of service (DOS) as 96105 or 92510.	This code is also used for re-evaluation.	\$3	\$60.04
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Cannot use on the same DOS as 92510.	This code should be used for therapy services that address communication/cognitive impairments and voice prosthetics. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization (PA) request using the Prior Authorization/Therapy Attachment (PA/TA), HCF 11008 (Rev. 06/03), to request code 92510.	\$2	\$47.44
92508	group, two or more individuals		Group is limited to two to four individuals.	\$2	\$28.01

Procedure Code	Description	Billing Limitations	Additional Conditions	Copayment	Maximum Allowable Fee
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	Cannot use on the same DOS as 92506 or 92507.	Prior authorization is always required. Use this procedure code for evaluation and treatment.	\$3	\$79.75
92511	Nasopharyngoscopy with endoscope (separate procedure)		Use this code if speech-language pathologist actually inserts an endoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the scope; instead, use code 92506 or 92610 as appropriate. Use this code for evaluation of dysphagia or assessment of velopharyngeal insufficiency or incompetence. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.	\$2	\$48.99
92512	Nasal function studies (eg, rhinomanometry)		Use this code if completing aerodynamic studies, oral pressure/nasal airflow, flow/flow studies, or pressure/pressure studies.	\$2	\$37.82
92520	Laryngeal function studies		Use this code for laryngeal air flow studies, subglottic air pressure studies, acoustic analysis, EGG (electroglottography) laryngeal resistance.	\$2	\$30.76
92526	Treatment of swallowing dysfunction and/or oral function for feeding		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.	\$2	\$48.34
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient for the use of a voice prosthetic device (e.g., electrolarynx, tracheostomy-speaking valve). Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$3	\$75.19

Procedure Code	Description	Billing Limitations	Additional Conditions	Copayment	Maximum Allowable Fee
92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Cannot use on the same DOS as 96105.	<p>This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity.</p> <p>This can also be used for re-evaluations.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.</p>	\$3	\$62.97
92608**	each additional 30 minutes (List separately in addition to code for primary procedure)	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	\$2	\$31.48
92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.	\$2	\$47.17
92610	Evaluation of oral and pharyngeal swallowing function			\$3	\$71.51
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		<p>Accompanying a recipient to a swallow study is not reimbursable.</p> <p>This code involves participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and developing a treatment.</p>	\$3	\$115.76
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;			\$3	\$138.23

Procedure Code	Description	Billing Limitations	Additional Conditions	Copayment	Maximum Allowable Fee
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	Only allowable when used in conjunction with 92612.		\$3	\$129.34
92700	Unlisted otorhinolaryngological service or procedure		Prior authorization is always required to use this code. Use this code when no other <i>Current Procedural Terminology</i> code description appropriately describes the evaluation or treatment.	\$3	Manually priced
96105***	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Cannot use on the same DOS as 92506, 92597, 92607, or 92608.		\$2	\$43.29

* The procedure code description defines this code as one hour. One unit of this code = 1 hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 units and 30 minutes = .5 units. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5 units.

*** The procedure code description defines this code as one hour. One unit of this code = 1 hour. A maximum of 90 minutes or 1.5 units is allowable. If less or more than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 units and 30 minutes = .5 units.

Notes: All codes listed in this chart, if billed with an applicable place of service code, are eligible for natural environment enhanced reimbursement.

As with Medicare, providers may not submit claims for services for less than eight minutes.

Most procedure codes for speech and language pathology services do not have a time increment indicated in their description. Except as noted above, a quantity of "1" indicates a complete service. The daily service limitation for these codes is one.